

Determining Your Scope of Practice and Frequently Asked Questions

Ruby R. Jason, MSN, RN

Executive Director

Oregon State Board of Nursing



“It’s not in my scope!”
“Is it in my scope?”
“What exactly is my scope?”

Scope can be confusing

It can be used as a defense or an offense

It is confusing because....

Scope is based upon the individual, not the profession.

Scope expands as your knowledge, skills, abilities and competencies expand.

Your scope today may be different than your scope last year and next year it may still be different.

SCOPE

- Per the practice act, only nurses have scope.
- CNAs have “authorized duties” that do not change even after years of experience.
- Therefore, your nursing program prepared you for adapting as your scope changes, not for the technical aspects of nursing.

“But how do I know what is in my scope?”

- The Board has been given the legislative authority to define scope and standards of practice.
- How do you define something that expands with experience, knowledge, education, competency?
- Defining scope is done by the individual nurse answering a series of questions as defined by the Board...

Question #1

- Is the activity, intervention, or role prohibited by the Nurse Practice Act laws and rules or any other applicable laws, rules, regulations or accreditation standards?

Question #2

- Is performing the activity, intervention, or role consistent with professional nursing standards, evidenced based nursing and other healthcare literature?

Question #3

- Are practice setting policy and procedures in place to support the nurse's performance of the activity, intervention or role?

Question #4

- Has the nurse completed the necessary education to safely perform the activity, intervention, or role?

Question #5

- Is there documented evidence of the nurse's current competence (knowledge, skills, abilities, and judgements) to safely perform the activity, intervention, or role?

Question #6

- Does the nurse have the appropriate resources to perform the activity, intervention, or role?

Question #7

- Would a reasonable and prudent nurse perform the activity, intervention, or role in this setting?

Question #8

- Is the nurse prepared to accept accountability for the activity, intervention or role for the related outcomes?

Conclusion

- If the answer to #1 is “no” and all the other answers are “yes” then the nurse may perform the activity, intervention or role to acceptable and prevailing standard of safe nursing practice.

Scope

- Legal?
- Nursing or healthcare literature?
- Policy
- Education
- Competence
- Resources
- Prudent
- Accountability

A few things to remember about scope:

- No provider order can expand your scope.
- There is no such thing as “covering”.
- Provider orders must be refused if (1) they are not safe for the patient (2) don't follow the interdisciplinary plan of care (3) the nurse does not have the knowledge, skills, competencies, abilities, or resources to implement safely.

Important things to remember about the Practice Act

- It is written for every nurse, in every setting, in every role, and for every level of experience.
- There are no “lists” of interventions.
- Employer writes policies for the technical component of nursing practice; the practice act is the law for your interaction with your client, whoever that may be.

Where to find the “Scope of Nursing Practice Decision-Making Framework

<https://osbn.oregon.gov/OSBNScopeTree/Default.aspx>

Revised version approved by the Board June 2021,
will be posted by the end of the month.

Frequently Asked Questions

- If my unit is short staffed is my license on the line?
- If my staff ask me to come in when they are short staffed can I refuse?
- My entire night shift is made up of new grads, what am I accountable for?
- My staff is very inconsistent is implementing and following some new policies, what can I do?
- What is the definition of patient abandonment?
- My HR is telling me not to report a nurse to the Board since they do not want the information posted publicly if the Board decides to discipline the license since the situation will probably result in litigation, what should I do?

Frequently Asked Questions

- My staff is accusing me of bullying them as I work to change the work and clinical environment, anything in the practice act that can help me?
- I know that competency as a manager is expected, what resources beyond the practice act can I educate myself in topics such as budget building, transition from clinician to manager, evaluating the environment of care, how to design a health environment of work....??
 - <https://www.nursingcenter.com/nursing-roles/nurse-manager>
 - <https://www.ahrq.gov/hai/cusp/modules/nursing/nursing-notes.html>
 - <https://www.aonl.org/>
 - Certification as a Nurse Manager: Nurse Executive – Basic and Advanced: <https://www.nursingworld.org/our-certifications/> and <https://www.aonl.org/initiatives/cnml>

Final Thoughts

- Don't be afraid to adopt this new identity: You are as much a nurse as you ever were...even more because you now need to develop skills most nurses do not have.
- There is now a professional boundary between you and your staff.
- The decisions you make will always be the independent scope of your nursing practice.
- Start a journal club for managers.
- Use manager meetings to have an “help me with this issue” session. Most managers have the same issues just with different faces.
- You have no power, only positional authority...use it wisely and sparingly.